

O I P E
FEB 03 2003

PTO-SB-22 (10-00)

Approved for use through 10/31/2002 OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)
YFLU-P02-001

In re Application of Dr Ya Fang Liu

Application Number Filed

09/886964 June 21, 2001

For: METHOD FOR IDENTIFYING JNK AND MLK INHIBITORS FOR
TREATMENT OF NEUROLOGICAL CONDITIONS

Group Art Unit 1651 Examiner J. Weber

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 27,787

January 28, 2003

Date

William G. Gosz
Signature

William G. Gosz
Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

1 forms are submitted

I hereby certify that this correspondence is being deposited with the U S Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: *1/28/03*

Signature *Patricia McKenney*

(Patricia McKenney)

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FEB 03 2003

Please type a plus sign inside this box →

PTO/SB-21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

09/86964

Filing Date

June 21, 2001

First Named Inventor

Dr. Ya Fang Liu

Group Art Unit

1651

Examiner Name

J. Weber

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Attorney Docket Number

YFLU-P02-001

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm ROPES & GRAY
or
Individual Name William G. Gosz - 27.787

Signature

Date

January 28, 2003

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Dated 1/28/03Signature Patricia McKenney (Patricia McKenney)

FEB 03 2003

PTO SB 17 (10-02)
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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known

Application Number	09/886964
Filing Date	June 21, 2001
First Named Inventor	Dr. Ya Fang Liu
Examiner Name	J. Weber
Group Art Unit	1651
Attorney Docket No.	YFLU-P02-001

RECEIVED

FEB 06 2003

TECH CENTER 1600/2900

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

 Deposit Account

Deposit Account Number: 18-1945

Deposit Account Name: Ropes & Gray

The Commissioner is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below except for the filing fee

to the above-identified deposit account

FEE CALCULATION
1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)				(\$)	0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from Claims below	Fee Paid
Independent:	** =	x =	=
Multiple Dependent			=

Large Entity	Small Entity	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	34	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)
0.00		

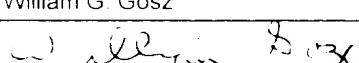
** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)
3 ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
1051	130	2051 55 SurchARGE - late filing fee or oath	
1052	5	2052 25 SurchARGE - late provisional filing fee or cover sheet	
1053	130	1052 100 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	1251 55 Extension for reply within first month	110.00
1252	410	1252 205 Extension for reply within second month	
1253	930	1253 465 Extension for reply within third month	
1254	1,410	1254 725 Extension for reply within fourth month	
1255	1,970	1255 965 Extension for reply within fifth month	
1401	310	1401 160 Notice of Appeal	
1402	310	1402 160 Filing a brief in support of an appeal	
1403	280	1403 140 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	1452 55 Petition to revive -- unavoidable	
1453	1,330	1453 660 Petition to revive - unintentional	
1501	1,340	1501 660 Utility issue fee (or reissue)	
1502	410	1502 205 Design issue fee	
1503	610	1503 315 Plant issue fee	
1460	110	1460 100 Petitions to the Commissioner	
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)	
1806	180	1806 180 Submission of Information Disclosure Stmt	
802*	4	802* 40 Recording each patent assignment per property (times number of properties)	
1809	1,160	1809 375 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	1,160	1810 375 For each additional invention to be examined (37 CFR 1.129(b))	
1801	1,160	1801 375 Request for Continued Examination (RCE)	
1802	910	1802 900 Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)
0.00			110.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William G. Gosz	Registration No (Attorney Agent)	27,787	Telephone	(617) 951-7617	
Signature					Date	January 28, 2003

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Dated Signature  (Patricia McKenney)